## West Virginia State Treasurer Report of Unclaimed Property Form UP 8-8

Holder Name					FEIN Number			
Item No.	Property Typ	e Code	Property Description					
Owner Last Name			First Name	Middle Initial	Title	Designate ownership:AndOr Other		
Last Known Address			City	State	Zip	If Other, specify below:		
Date of Last Activity Date of Birth		Date of Birth	Owner Social Security Number	Interest Rate	Dormancy Charge	Amount Remitted to Treasury		
Complete additional Company (1997)				1		\$		
Complete additional Owner boxes (below) if there Additional Owner Last Name				First Name Middle Initial Additional Owner Social Security Number				
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AGENCY USE ONLY			PAGF:	_OF:	PAG	PAGE TOTAL \$		
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Date Accounts Entered By Whom IF LAST PAGE, ENTER GRAND TOTAL REMITTED \$								